DRAFT

2007-2011 STATE PLAN

For Public Review and Comment

June 1 – July 17, 2006

Authorized by Council on May 15

"The Council advocates, promotes & implements policies and practices that achieve self-determination, independence, productivity & inclusion in all aspects of community life for Californians with developmental disabilities and their families."

The Council wants your thoughts on the Draft 2007-2011 State Plan!

Now available online at www.scdd.ca.gov or by calling 1-866-802-0514 -- Comment period ends July 17

The State Council gets money from the Federal Government to help make California services better for people with developmental disabilities and their families. The Council tells the federal government this by creating a five-year State Plan that includes what the Council thinks are the most important to work on during that time. The work of the Council includes the Council and Area Board Members and staff, as well as the Community Program Development Grants. There may be many important things that other people and agencies should be working on, but it is the job of the Plan is to describe where the Council will spend its time and money. At least 70 percent of all the federal money the Council receives must be spent working on things in the State Plan.

The 2007-2011 State Plan tells everyone what the Council will work on for the next five years, starting in October 2006. The Council's work includes the 13 Area Boards and the Council's Community Grants for projects around the State. To create the Plan, the Council and Area Boards listened to what people from all over California had to say about the things that are most important for people with developmental disabilities and their families. There isn't enough money to work on every idea that people had, so the Council had to choose based on the issues that were brought up by many different people and groups, and what the Council has the ability to do to improve California for people with developmental disabilities and their families.

The Council is now sharing its Draft State Plan and asking people if this is what the Council should work on for the next five years. The review and comment period is from June 1 to July 17, 2006. People can tell the Council their thoughts about the Plan by coming to a State Plan hearing, or by sending a letter, fax or email. Many of the Area Boards will also discuss the State Plan at their June or July Area Board meetings. Copies of the draft Plan, a self-advocate summary and survey are on the Council website at www.scdd.ca.gov, or call the Council Office (toll-free) at 1-866-802-0514.

State Plan comments must be received by the end of the final hearing on July 17. On July 18, the Council will review what people said about the Draft Plan and vote on the final Plan that will be submitted to the Federal Government in August. In the fall of 2006, the Federal Government will tell the Council if the Plan was approved and the Council can start putting the Plan into action.

The State Plan Hearing schedule is listed below. For details about Plan comment sessions taking place during Area Board meetings, please contact your local Area Board office. If you do not know the number, call the Council office at 1-866-802-0514.

Thursday, June 1 **6:00-8:00 PM**	Glendale Adventist Medical Center Conference Room B 1509 Wilson Terrace Glendale
Tuesday, June 13 **4:00 to 6:00 PM**	UCP Stanislaus 1213 13th Street Modesto
Thursday, June 22 **6:00 to 8:00 PM**	San Andreas Regional Center 300 Orchard City Drive, Suite 170 (Room 34) Campbell
Tuesday, June 27 **4:00 to 6:00 PM**	Petaluma Regional Library Community Room 100 Fairgrounds Drive Petaluma
Monday, July 17 **4:30 to 6:30 PM**	State Council Meeting Double Tree Hotel (2001 Point West Way) Sacramento

There will also be two self-advocate hearings held in conjunction with self-advocacy events. At these hearings self-advocates will be given priority for speaking. If there is time available, other members of the public may also comment.

Saturday, June 10 **2:00 to 4:00 PM**	Statewide Self-Advocacy Conference Double Tree Hotel (2001 Point West Way) Sacramento
Saturday, July 8 **12:30 to 2:30 PM**	San Diego People First Annual Meeting Balboa Park Club Santa Fe Room 2150 Pan American Rd. West (next to Puppet Theater/Recital Hall in Balboa Park) San Diego

Environmental and State Service System Factors

Environmental Factors Affecting Services

Describe how economic, social, political, and litigative factors effect persons with developmental disabilities and their families in the State. (There is a federal limit of 1990 characters per topic and no more than four topics. This draft text may contain more characters than is allowed, in order to provide the reader with more complete information in order to review and comment.)

Topic 1: High Cost of Living

California remains one of the least affordable states in which to live. Three of the five most costly cities in the nation are in California (San Francisco, Los Angeles and San Jose). This has a significant impact on the ability of consumers to live independently.

The September 2005 median housing price in California was $543,980. The annual income needed to purchase the median priced home with a 20% down at 6.33% interest payment is $134,200. It is no wonder that only 15% of all California households could afford to buy a median-priced home, less than a third of the nationwide affordability index of 49%. Forty-four percent of all Californians spend more than 30% of their income on mortgage payments, the highest in the nation. The cost of housing has caused many Californians to move to lower-priced communities and endure commutes of 1, 2 or even 3 hours. In addition to the human cost in terms of lost time, the dramatic rise in fuel costs has reduced the financial benefit of living elsewhere.

With the cost of home ownership so far out of reach for the majority of Californians, with or without disabilities, the ability to live in the community relies heavily on rental housing. According to December 2005 data from the National Low Income Housing Coalition, Californians need an average hourly wage of $22.09 (working 40-hours-a-week) to afford the rent on a two-bedroom home, and in San Francisco (the state's highest cost area) the hourly wage needed is $29.54. This has a clear impact on both

consumers and the workforce who provide the services and supports necessary for consumers to live as independently as possible.

This disparity results in a greater reliance on subsidized housing for low income Californians. As a result, the waiting list for subsidized rental housing in California is measured in years, and in some high cost areas it may take up to 10 years to reach the top of the list. Even then, there is no guarantee a consumer will find housing that accepts Section 8 vouchers and whose rents can be afforded. If someone is unable to find a rental within a designated period of time, that Section 8 voucher expires and it goes to the next person on the list. Adding to the potential of further delay, many of the original affordable housing subsidy contracts or regulatory agreements are nearing the end of their obligation period and could potentially be converted to market value properties, resulting in even less availability.

Topic 2: Diversity

The California Endowment identifies 224 different languages spoken in California, with 91 languages spoken in the Los Angeles School District alone. The U.S. Census defines a racial or ethnic majority as one that represents more than 50% of the population. There is no ethnic or racial majority in 20 of California's 58 counties (2004 US Census data). An analysis of the 1994-2004 Department of Developmental Services (DDS) caseload reflects the same trend. While the percentage of white consumers in the DDS caseload has experienced a 10-year decline from 49.4% to 42.4%, the percentage of Hispanic consumers has increased from 24.3% to 31.8% during the same time period. More than one in five consumers (22.89%) has a primary language other than English. This trend is even higher among Hispanic consumers where 58.9% report Spanish as their primary language.

The U.S. Census Bureau defines linguistic isolation as any household where no one over the age of 14 speaks English well. Using this definition, one of every four Spanish-speaking California households and three of every ten California households speaking Asian/Pacific languages are linguistically isolated.

The cultural diversity of the State and of the developmental disabilities community underscores the need for culturally and linguistically competent outreach, providers, services and information.

Topic 3: Aging

The arrival of the oldest of the Baby Boomer generation at age 60 was extensively reported in 2006. The same national trends concerning the Baby Boomer generation pertain to California consumers with developmental disabilities. In addition to the overall numbers of people in this age group, the life expectancy for individuals with developmental disabilities has increased dramatically over the same time period. This can be demonstrated by the consumer figures for the 52-61 year old age group. While the 10 year (December 1994-December 2004) increase in the overall DDS caseload is 68.9 percent, the increase in the 52-61 year old age group more than double that growth rate at 145.3 percent.

One of every five DDS consumers is now at least age 42 (20.53 percent in October 2005 CDER data). This impacts consumer housing needs as the parents' own aging-related health needs increase and the parents' housing needs may change. While roughly two out of every three consumers ages 18 to 41 live with their parents or guardian (63.72%), there is a marked shift beginning at age 42, and by age 52, the percentages are more than reversed, with just over one in five consumers (21.85) living with parents or guardians. Strategies to address such issues as aging-related medical supports and licensure

categories must be adopted to ensure the right to continue to choose where and with whom to live throughout the lifespan.

Topic 4: Healthcare

Access to quality healthcare is one of the most frequently recurring themes in identification of any type of barrier identification or needs assessment, regardless of the primary topic. Whether the primary issue is employment, developmental center closure, community inclusion, education, or transportation, the issue of healthcare access is frequently brought up as a major ancillary barrier. Access to appropriate dental care and mental health professionals, neither of which are on the list of federally-required Medicaid benefits, are of particular concern.

The State's Medi-Cal program is the largest federal Medicaid program in the country. While California has 70 primary care providers for every 100,000 in the overall population, there are only 46 primary care providers for each 100,000 Medi-Cal recipients (source: California Healthcare Foundation, Medi-Cal Facts and Figures, January 2006). This disparity is even more pronounced in comparing the number of medical specialists. While the overall population has 10 specialists per 100,000 population, there are only 4 specialists per 100,000 Medi-Cal recipients. This has a significant impact on healthcare access for individuals with disabilities, many of whom require access to one or more medical specialists, including: neurologists, orthopedists and cardiologists. If surgery is needed, the access is further reduced, with only 5 surgical specialists per 100,000 recipients vs. 15 for the overall population. Medi-Cal Managed Care is now available in 22 of California's 58 Counties and, if implemented properly, could improve access for people with developmental disabilities.

California continues to expand its use of Federal Home and Community Based Services (HCBS) Medicaid waivers to reduce the usage of institutional care whenever appropriate.

But, while HCBS waivers can increase the numbers who are eligible to live in the community, community inclusion remains an unattainable goal if there aren't enough workers to provide the community-based services and supports. It is critical that there be enough direct service providers to provide the community based services and supports needed for consumers to live successfully in the community.

The State Service System

Provide a summary of the Council's review and analysis of the state service system for people with developmental disabilities. Include reference to relevant interagency initiatives and any specific eligibility barriers to services. (There is a federal limit of 1990 characters per topic and no more than six topics. This draft text may contain more characters than will be submitted, in order to provide the reader with more complete information in order to review and comment.)

Topic One: **Overwhelming Complexity**

Overwhelming complexity is a defining characteristic of California's government services, beginning with State Government. While smaller states may find it easier to group similar services and functions into one department, the sheer enormity of California has resulted in a "complex web of organizational entities" consisting of 11 agencies, 79 departments and more than 300 boards and commissions. In 2005, Governor Schwarzenegger's own California Performance Review Commission reported that "California's state government is antiquated and ineffective. It simply does not mirror the innovative and visionary character of our state. Instead of serving the people, it is focused on process and procedure. It is bureaucracy at its worst —costly, inefficient and in many cases unaccountable."

But for Californians with developmental disabilities and their families, the complexity of State government is not the end of the bureaucratic maze that must be negotiated in obtaining services. The most recent statistics from the California Department of Finance show the following local governmental structures: 58 counties, 479 cities, and 1,053 public school districts consisting of 9,397 public schools. In addition to the public schools, the California Department of Education has certified more than 1000 nonpublic schools and agencies to provide special education services to students with disabilities. There are also an estimated 2300 independent special districts in California, providing "generic" services on which consumers rely, ranging from police and fire to public

transportation to utilities to parks and recreation. Some special districts provide a single service, while others provide multiple services to a regional population.

This complexity is no less true, and often times is actually compounded, for the developmental disabilities service system. It is multidisciplinary, multi-departmental, and multi-governmental (federal, state, region, county, city) in both form and function.

The California Department of Developmental Services, through its community service system of 21 separate private nonprofit regional centers, is responsible for meeting the needs of California's consumers. Under California's Lanterman Act, consumers and families have an entitlement to services. If the Individual Program Plan (IPP) identifies a necessary service, it is the responsibility of the regional center to provide it – but only if it cannot be obtained through other means.

The state mandate in the developmental disabilities service system is to exhaust all other service options before relying on the developmental services system. Other state and local agencies provide "generic" services that may or may not be available to individuals with developmental disabilities. These other agencies do not enjoy entitlement status and therefore may not be motivated to provide services to consumers with developmental disabilities if regional centers are obligated to fill in the gaps. This disparity in departmental missions can lead to delays in service, frustration, inefficiency, and confusion, even among state agencies, as to which agency is appropriately responsible for which services.

Topic Two: Open-Ended Entitlement vs. Capped Appropriation

California, the only State with an entitlement, is obligated to serve all consumers eligible under the California definition. The funding to provide these services, however, has a capped, or fixed, budget appropriation. As a result, funding for services is not necessarily tied to the number of individuals in the system and the types of services they require.

This disparity can create conflicting missions within the regional centers, as they are charged with identifying all needed services for recipients while operating within the constraints of a fixed annual appropriation.

Topic Three: Funding/Rates

[Note: *The California budget situation, including funding levels and rates, continues to evolve as the Governor and Legislature negotiate the 2006-2007 State budget. This section will be updated before submission to the federal government before submission to ADD in August*.]

The wage crisis for direct support workers is by no means unique to California; however, when coupled with the State's high cost of living, it represents a major systemic barrier. It has been reported to the Council that individual placement for supported employment is almost non-existent for new clients due to the rates of reimbursement, especially job development. The rate of reimbursement of $1000 for job development and placement comes to about $3/hr for agencies. No agency in San Francisco and few in the East bay are taking new clients. The impact is that regional center clients end up in more expensive, more restrictive, less satisfying and less inclusive programs.

The Governor's proposed 2006-2007 State Budget includes a 3% cost of living increase for community vendors of the regional centers. The State Council has gone on record as supporting the proposed 3% cost of living increase to community vendors of the regional center, recognizing it as an important first step. The Council is also working to educate policymakers about the need to encourage additional resources by lifting the rate and program development freeze to stimulate much needed resource development in the community.

Funding and rates are an underlying issue in each of the other topics identified by the State Council. Rates paid to direct providers impact the provider's ability to afford housing, which, in turn, may cause a shortage of workers as they turn to better paying

professions. It also impacts the ability to attract and retain culturally competent workers and fund programs that adequately meet the linguistic needs of diverse consumers. The aging of consumers' parents resulting in the increasing shift to out of home care as the consumer ages, has a clear funding implication since housing is not a funded service when consumers live with their families. Access to healthcare for individuals receiving Medi-Cal is definitely impacted by reimbursement rates. A physician providing health care services to an individual on Medi-Cal receives only 59-69% of the rate that would be paid for the exact same procedure if the individual were on Medicare.

Topic Four: Autism

[Note: *The Governor and Legislature have proposed autism initiatives/legislation, however these are not yet enacted. If adopted prior to the submission of this Plan, information will be added to this section.*]

The developmental disabilities service system was originally designed, staffed and funded primarily around the needs of individuals with cognitive impairments. Between December 1994 and December 2004, the number of California consumers with cognitive impairments declined from 87.6% to 78.2%. By far, the category with the largest growth during that same time was autism, growing 360%, from a caseload of 5,775 to 26,576. As of the first quarter of 2006, that number continues to rise, with an April 2006 caseload of 30,181. The service and support needs of individuals with autism, whose challenges may include flight-risk, communication difficulties, hyper-sensitivity to certain sights and sounds, and aggressive and/or self-injurious behaviors may require not only additional programs, but a redesign of existing programs and staffing patterns.

Consumers ages birth to 21 currently make up more than half of the DDS caseload, and include 84% of the entire autism caseload. Up to age 22 many of the consumers' services and supports are funded by Special Education via Individual Education Programs (IEPs). Once the individual ages out of the education system, the majority of costs are the

responsibility of the DDS Regional Center System. As these children grow older, the cost implications become significant. 2005 DDS analysis of FY 2003-04 data showed a per capita DDS cost 254% higher for 22-41 year olds with autism when compared to DDS costs for 3-21 year olds with autism. The DDS per capita cost for 22-41 year olds with autism is also significantly higher than for the same age consumers without autism ($29,631 vs. $16,790). Planning for the fiscal impact to DDS as an increasing number of consumers age out of the Special Education system is critical.

Topic Five: System Reform

Two major initiatives[1] that will significantly change the California service delivery system are in the final planning stages and will be implemented during the course of this five year plan.

The first is the statewide expansion of the Self-Directed Services Program, expected to be available in Fall of 2006. As described in DDS materials: “The Self-Directed (SD) program is "A means by which individuals who are eligible for state developmental disabilities services are empowered to gain control over the selection of services and supports, that meet their own needs." The SD Services program will "Enhance the ability of a consumer and his or her family to control the decisions and resources required to meet all or some of the objectives in his or her individual program plan." California has previously piloted self-determination projects, but this year the project has expanded statewide. While federal Independence Plus waiver is being submitted for all those who qualify, an important component of the program is the allocation of additional state funding for those who are not waiver-eligible.

[1] *There are other possible reforms currently proposed in the Legislature (SB1270, etc.). If any are enacted prior to Council approval of the final plan they will be incorporated into this document. If not, any additional changes to the service system will be reported to the federal government through the annual federal reporting process.*

The second major system reform concerns the upcoming closure of Agnews Developmental Center. What sets this closure apart from others is its extensive multi-year collaborative planning, including building the capacity of the community services and supports system to successfully meet the needs of the DC residents.

Three major pieces of legislation were enacted to assure that the proper community supports were in place before the closure of the Developmental Center. AB2100/SB643 allowed Bay Area Regional Centers to secure and assure lease payments for the Bay Area Housing Plans Homes. This legislation also allowed a new category of services, known as Family Teaching Homes. SB962 created a pilot program of community care homes for adults with special health care needs. The final piece of the puzzle, AB1378, will allow state developmental center employees to provide community services and supports for a period of time in order to provide for a smooth transition for the Developmental Center residents. This includes an outpatient clinic, opened May 1, 2006, that allows Agnews staff to provide outpatient medical and dental when generic services are not available or accessible.

Procedural delays in implementing the programs authorized in these pieces of legislation have delayed the expected closure date to June 30, 2008.

Barriers for Unserved and Underserved:

"List and describe racial/ethnic groups that may be unserved/underserved and describe the barriers to their receipt of supports and services. You may identify barriers specific to a particular racial/ethnic group you have selected, identify general, overall barriers applicable to all racial/ethnic groups selected, or both. List and describe any other unserved/underserved group(s) and describe the barriers that impede full participation of this group(s). Examples of such groups are religious groups, rural populations, those excluded from eligibility for particular services, particular types of disabilities)"

Consumers with Multiple Disabilities

The systemic issues previously identified are compounded for consumers with multiple disabilities. The need to access more than one medical specialist and public service system can increase barriers to services, and possible disagreements over which agencies are responsible for providing which services. Testimony at State Council meetings has identified particular difficulties for consumers who also have mental health needs. Consumers with multiple disabilities can face additional barriers if accessibility planning is only done with the primary disability in mind. A mental health program may not be prepared for the physical access needed by an individual in a wheelchair, or consumers with cognitive impairments who are also blind may find there are no consumer friendly materials written in Braille. Consumers with developmental disabilities who are also deaf/hard of hearing have also reported communication barriers in accessing programs.

Linguistic and Cultural Accessibility

As previously identified, 1 of every 4 Spanish speaking California households, and 3 of every 10 households speaking Asian/Pacific languages are considered geographically isolated – having no one in the household over the age of 14 who speaks English well.

Geographic Accessibility

Although California is home to 3 of the nation's 10 largest cities, it is also home to numerous rural or geographically isolated communities. Alpine County, the State's

smallest, is home to only 1,242 residents and has no incorporated cities in the entire County. San Bernardino County alone covers the same area as the combined states of Maryland, Delaware, New Jersey and Rhode Island. It is a shorter distance to drive from Washington DC to Chicago, Illinois than to drive the length of California. This has major service implications, especially for consumers who need specialty healthcare and other services. Consumers and families have testified to the Council of six hour drives each way to reach medical specialists, not including time spent in the doctor's waiting room and during examinations and treatment. This would be a difficult schedule for anyone, but is especially difficult for those with disabilities who are frequently on specific medication and feeding schedules.

State vs. Federal Definition

California is home to an estimated 661,107 residents who meet the federal definition of developmental disabilities. In contrast, the Department of Developmental Services follows a more restrictive state definition and has a current caseload of just over 200,000. Without the benefit of entitlement to services, here are service barriers for those who meet the federal but not state definition. This is particularly true for adults with disabilities. During their schooling years, the educational system will fund many of the needed services, regardless of whether the individual falls under the federal or state definition.

Community Services and Opportunities:

"Provide a summary of the extent to which community services and opportunities related to the areas of emphasis directly benefit individuals with developmental disabilities. Include information on assistive technology/services and rehabilitation technology, current resources and projected availability of future resources to fund services, and health care and other supports and services received in ICF(MRs) and through Home and Community Based Waivers."

Assistive Technology/Rehabilitation Technology

In the 2002-2006 State Plan, the Council reported that California was making concerted efforts to improve assistive technology (AT) availability for consumers. At that time the identified major needs were: 1) educating consumers and families that AT is available; 2) assisting in determining what will work best for each individual; and 3) providing proper training in the usage, care, and maintenance of equipment. Parents previously reported staff reluctance to provide AT to those with cognitive impairments. No new testimony was presented to the Council on this issue. SCDD is now represented on the Assistive Technology Advisory Council. During the public review and comment period, the public is invited to share information on experiences with assistive technology.

Current Resources and Projected Availability of Future Resources to Fund Services

[Note: *The California budget situation continues to evolve as the Governor and Legislature negotiate the 2006-2007 State budget. This section will be updated before submission to the federal government before submission to ADD in August*.]
California received much greater than anticipated revenues in Spring 2006. As a result, the State appears to be on a more solid fiscal path than in the past several budget years. In addition to paying down the State's indebtedness, which improves its ability to fund needed health and human services in the future, the revised budget proposal includes an increase in Med-Cal provider rates, and the cancellation of a prior year five percent

Medi-Cal provider payment reduction. Other issues impacting current and future resources are identified elsewhere in the Plan.

Health Care and other supports for ICF/MRs and HCBS

As noted elsewhere in this Plan, California continues to expand its use of Federal Home and Community Based Services (HCBS) Medicaid waivers to reduce the usage of institutional care whenever appropriate. But, while HCBS waivers can increase the numbers who are eligible to live in the community, community inclusion remains an unattainable goal if there aren't enough workers to provide the community-based services and supports. The shortage of healthcare professionals, particularly specialists, who accept Medi-Cal, impacts consumers who have no other method of receiving appropriate healthcare. Access to appropriate dental or mental health services is particularly problematic. Additional information can be found under the Healthcare and Funding/Rates topics.

Waiting Lists

"Provide the name of the waiting lists in your state and the number of the individual with developmental disabilities on those lists. Provide a brief review of the waiting lists in your state"

California, the only state with an entitlement, is obligated to serve all consumers eligible under the California definition. Previously, anyone with one of five diagnoses (mental retardation, autism, epilepsy, cerebral palsy, or conditions requiring services similar to mental retardation) & a substantial disability was eligible for regional center services, but the term substantial was subject to interpretation & could vary from area to area. In March 2004 California clarified its definition of substantial disability, consistent with functional limitations in federal law. In addition, however, in California the age of onset must be before 18, & is still limited to the diagnoses specified. As a result, the California definition continues to be more restrictive than the federal definition.

Ideally, there should be no waiting lists for entitled services; however, there may be people waiting for services in areas where services are difficult to develop, or where generic services have been cut & DD services are not yet developed. Developmental disabilities entitlements do not preclude waiting lists for generic services & supports, many of which struggled to meet service demands even before budget cuts.

Although the situation is improving, California is still recovering from huge multiple budget shortfalls of previous years. While the last three State Budgets spared direct services for consumers with DD as much as possible, many generic services on which consumers rely were not so fortunate. Even among those who still provide services, budget cutbacks & staff reductions may result in less frequent services.

The shortage of healthcare providers willing to accept MediCal patients continues to further limit availability of medical & dental services. Even when patients are not

officially on waiting lists, the shortage of doctors who accept MediCal can mean waits of up to six months for some appointments. The healthcare shortage extends beyond doctors. Consumers who receive recurring therapy (i.e. speech, physical & occupational) may not appear on waiting lists because they are being seen. In reality, however, they may only receive a fraction of the sessions from which they could benefit due to the shortage of therapists to serve the size of the caseloads.

GOALS AND OBJECTIVES SECTION

[Note: *In some cases a target number has not yet been assigned to the objective. The Council invites public comment regarding objectives on which the Council should concentrate. The Council also invites public comments on potential collaborators.*]

Quality Assurance Goal QA1: Individuals with developmental disabilities and their families have control, choice and flexibility in the services they receive.

(Subtopic: Self-advocacy)

QA1.1 By September 30, 2008, 200 people with developmental disabilities and their family members will receive intensive leadership development training to enable them to successfully hold leadership positions at the state and local level. At least 50% of these will hold leadership positions within two years of completion of training.

QA1.2 By 2011, the number of Californians with developmental disabilities who participate in self-advocacy groups will increase by 10% per year.

QA1.3 By 2011, 10,000 individuals with developmental disabilities will gain the skills and supports to advocate on their own behalf and for their peers.

QA1.4 By 2011, 10,000 family members of people with developmental disabilities will gain the skills and supports to advocate on their own and other families' behalf. At least 10% of these will have a primary language other than English.

(Subtopic: Self-determination)

QA1.5 By 2011, (Number TBD) individuals with developmental disabilities and their families will have improved access to timely and accurate multi-lingual

and easily understood culturally competent information about self-directed services and other new initiatives.

QA1.6 By 2011, (Number TBD) people with developmental disabilities and their families will have improved access to an array of quality services of their choice through Council legislative and other advocacy.

QA1.7 By 2011, 1000 consumer and family members will participate in social/support groups of their choosing, based on mutual interest and support.

QA1.8 By 2011, the State Council will utilize Life Quality Assessments and other activities to identify and eliminate systemic barriers and promote systemic improvements.

[Note: *The following outcome measures will be used to report on the Quality Assurance Objectives (as defined in the Federal DD Act, the term quality assurance includes self-advocacy/leadership development). Due to the upcoming reauthorization of the DD Act, it is possible that the outcome measures will change*.]

QA01. Number of People benefiting from quality assurance efforts of the Council:

QA02. Dollars leveraged for quality assurance programs.

QA05. Number of People trained in quality assurance:

QA06. Number of People active in systems advocacy about quality assurance:

1. Number of Self -advocates
2. Number of Family members
3. Number of Others

QA07. Number of People trained in systems advocacy about quality assurance:

1. Number of Self -advocates
2. Number of Family members
3. Number of Others

QA08. Number of People trained in leadership, self-advocacy and self-determination:

QA09. Number of People who attained membership on public and private bodies and other leadership coalitions:
QA10. Number of entities participating in partnership or coalitions as a result of Councils efforts:

Community Support Goal CS1: Californians with developmental disabilities and their families are fully included in all aspects of community life.

CS1.1 By 2011, (Number TBD) Californians will be educated on the abilities and strengths of individuals with developmental disabilities.

CS 1.2 BY 2011, (Number TBD) Californians with developmental disabilities will participate in service and volunteer opportunities and in the workforce through paid employment or self-employment of their choosing.

CS 1.3 By 2011, 2500 children and youth with developmental disabilities will participate in inclusive community activities through Council efforts.

CS 1.4 By 2011, 500 adults with developmental disabilities will participate in community life in meaningful and fulfilling ways through Council efforts.

[Note: *The following outcome measures will be used to report on the Quality Assurance Objectives (as defined in the Federal DD Act, the term quality assurance includes self-advocacy/leadership development). Due to the upcoming reauthorization of the DD Act, it is possible that the outcome measures will change*.]

CS01. Number of Individuals benefit from formal/informal community supports as a result of Council efforts:
CS02. Dollars leveraged for formal/informal community supports.
CS05. Number of People trained in formal/informal community supports:
CS06. Number of People active in systems advocacy about formal/informal community supports:

1. Number of Self-advocates
2. Number of Family members
3. Number of Others

CS07. People trained in systems advocacy about formal/informal community supports:

1. Number of Self-advocates
2. Number of Family members
3. Number of Others

CS08. Number of Buildings/public accommodations became accessible